

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board,
Russell Street Dental
Clinic**

29 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Russell Street Dental Clinic at 27, Russell Street, Swansea, SA1 4HR within the area served by Abertawe Bro Morgannwg University Health Board on 29 June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

3. Context

Russell Street Dental Clinic provides services to patients in the Swansea area. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. It is a mixed practice providing both private and NHS dental services. A range of services are provided.

The practice employs a staff team which includes two dentists, two dental nurses and a practice manager. At the time of our inspection two trainee dental nurses were also working at the practice.

4. Summary

HIW explored how Russell Street Dental Clinic met the standards of care set out in the Health and Care Standards (April 2015).

Patients who returned completed HIW questionnaires told us they were satisfied with the service they had received. Information about the practice team and services offered was displayed within the practice and also available within the practice information leaflet. The practice had a system to obtain the views from patients.

Arrangements were in place for the safe use of X-rays.

Emergency equipment and drugs were available in the event of a patient emergency (collapse). We found that a number of emergency drugs had passed their expiry date. The practice owner addressed this immediately. We identified improvement was needed in the system for checking emergency equipment and drugs held at the practice.

Arrangements were in place for the safe storage and transfer of waste for disposal.

Clinical facilities were clean and tidy and furnished to facilitate effective cleaning.

The practice had a separate decontamination room as recommended within the current national policy and guidance document. There was a suitable process to clean and sterilise dental instruments to reduce cross infection. Details of the process were clearly displayed within the decontamination room for staff to see. We have recommended that the practice owner make arrangements to ensure expiry dates are consistently recorded on packaged instruments.

The sample of patient records we saw was comprehensive.

A manager was responsible for the day to day running of the practice. Staff told us they had access to training opportunities and that they felt communication within the practice team was good.

Written policies were in place with the intention of providing patients with safe care and treatment. We have recommended the practice owner make arrangements for staff to receive training in child and adult protection.

We found the practice to be clearly signposted and visibly well maintained internally and externally. The practice provided comfortable areas for patients to wait to be seen by practice staff.

5. Findings

Patient Experience

Patients who returned completed HIW questionnaires told us they were satisfied with the service they had received. Information about the practice team and services offered was displayed within the practice and also available within the practice information leaflet. The practice had a system to obtain the views from patients.

Prior to our inspection visit, we asked the practice manager to invite patients to complete HIW questionnaires. In total we received 15 completed questionnaires that had been completed prior to our inspection visit.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. All patients who returned questionnaires told us they were satisfied with the service they had received, that the practice team had made them feel welcome and that they had been provided with enough information about their treatment. Some patients made additional comments about their experience. These included:

'I have always been very satisfied with my treatment and helpfulness of all who work at the practice.'

'Clinic well run, never have to wait for appointments.'

'Staff are very friendly and helpful and make you feel at ease. So very happy with treatment given so far.'

'...I came with a severe gum problem...The treatment plus the advice and help... has saved my gums and teeth.'

All patients who returned completed questionnaires told us they had not experienced any significant delays when waiting to be seen. Staff described a process was in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The practice manager explained that patients were able to provide feedback about their experience via a patient questionnaire. We saw these were available at reception, together with a comments box to post completed questionnaires. This meant patients had the opportunity to provide comments on their experience so these could be considered by the practice team with a view to making service improvements as appropriate. We looked at a random sample of questionnaires returned by patients since November 2014. Within the

sample we considered, patients had made positive comments regarding their experience of the practice.

A practice leaflet was available for patients to take away with them. This provided practical and useful information about the services offered. Information was also displayed within the practice and on its website. The name and designation of each member of the practice team was also clearly displayed, together with a photograph. This meant that patients had information about who would be providing their care.

Details of the NHS pricing bands for treatment were clearly displayed together with information on the criteria for receiving free NHS treatment. Prices for private dental services were also displayed. This meant patients visiting the practice had easy access to information on how much they may have to pay for their dental treatment.

We saw a range of health promotion leaflets was also available. This meant patients had access to information and advice to help them care for their own oral hygiene and health.

Delivery of Health and Care Standards

Arrangements were in place for the safe use of X-rays.

Emergency equipment and drugs were available in the event of a patient emergency (collapse). We found that a number of emergency drugs had passed their expiry date. The practice owner addressed this immediately. We have identified improvement was needed in the system for checking emergency equipment and drugs held at the practice.

Arrangements were in place for the safe storage and transfer of waste for disposal.

Clinical facilities were clean and tidy and furnished to facilitate effective cleaning.

The practice had a separate decontamination room as recommended within the current national policy and guidance document. There was a suitable process to clean and sterilise dental instruments to reduce cross infection. Details of the process were clearly displayed within the decontamination room for staff to see. We have recommended that the practice owner make arrangements to ensure expiry dates are consistently recorded on packaged instruments.

The sample of patient records we saw was comprehensive.

Radiographic Equipment/Documentation

We found arrangements were in place for the safe use of radiographic (X-ray) equipment. The required documentation and information on the safe use of X-ray equipment used at the practice was available within the practice's Radiation Protection File. Safety check certificates for each X-ray machine used at the practice were available and up to date. We saw records that indicated staff had attended training on the safe use of X-rays. One member of staff required updated training and we were informed this had already been arranged for September 2015.

Digital X-rays were used. We found that quality assurance audits of the image quality had been conducted. The aim of this process was to identify recurring issues with a view to making adjustments as necessary to ensure X-rays were of a suitable quality. Whilst audits had been conducted, a written analysis of the results and details of any action taken was not available. Therefore the practice owner should make arrangements to demonstrate that audit results have been analysed and what action has been taken as a result.

Resuscitation and First Aid / Emergency Drugs

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A series of flowcharts was available to guide staff on the appropriate steps to take should a patient emergency be identified. The practice owner was receptive to our suggestion of placing these in separate plastic wallets, together with the drugs to be used to facilitate quick and easy access in an emergency. The practice owner was also receptive to our suggestion to store all emergency equipment in one place to make it easier for staff to access.

We saw training certificates that indicated staff had received training in the last 12 months on how to perform cardiopulmonary resuscitation (CPR). Staff we spoke with were aware of their particular roles in the event of a patient emergency.

A system was described as being in place to identify and replace expired drugs and to regularly check emergency equipment held at the practice. A written logbook had been maintained that demonstrated this process. On checking the emergency drugs we found a number had exceeded their expiry dates. In addition the pads for use with the automatic defibrillator had also expired. Whilst this had been identified in the logbook, it appeared the ordering of replacement items had not been suitably followed up by staff. We informed the practice owner of our findings who took immediate action to replace the items. We identified improvement was needed to ensure the practice's checking system was robust and the practice owner agreed to address this.

Improvement needed

The practice owner should make suitable arrangements to ensure an effective system is in place to regularly check emergency drugs and equipment at the practice in accordance with guidelines set out by the Resuscitation Council (UK). This with a view to identify and replace drugs nearing their expiry date and to check equipment remains suitable for use.

Prescription pads were securely stored when not being used to prevent unauthorised persons using them.

Handling, Storage and Disposal of Hazardous and Non- Hazardous Waste

We found that a contract was in place for the safe disposal of hazardous waste. Domestic waste produced by the practice was collected through arrangements with the local council. We saw waste produced by the practice had been segregated into different coloured bag/containers and these were securely stored whilst waiting to be collected.

Arrangements were in place for the disposal of feminine hygiene products. However this involved transferring bagged waste from a bin to another appropriate waste bag. We suggested that this arrangement be checked to ensure the practice was fully complying with current guidance on the management of healthcare waste. The practice owner agreed to do this.

The practice had amalgam separators⁴ so amalgam (fillings) particles could be removed from waste water and disposed of safely.

Decontamination of Instruments and Compliance with Welsh Health Technical Memorandum 01-05 (Revision 1)

We found an appropriate process was in place for the cleaning and sterilisation of instruments. The practice had a separate decontamination room as recommended within Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)⁵. This, together with the use of appropriate control procedures aimed to reduce the risk of cross contamination of instruments. Records of checks had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. An up to date safety inspection certificate for the autoclave machine⁶ was available.

Clear instructions on all the procedures to be carried out were displayed within the decontamination room. This meant that agency staff working at the practice would be made aware of the practice's procedures at the point of delivery. We identified this as noteworthy practise.

We saw that instruments were appropriately packaged to reduce the risk of contamination when stored. Not all stored instruments had the date they had been processed (cleaned and sterilised) and the date by which they had to be used by recorded on their packaging. We informed the practice owner of our findings so that suitable arrangements could be made to ensure dates were consistently recorded on packaging.

⁴ A device that removes particles of mercury amalgam (found in some dental fillings) from waste water before it enters the sewer system.

⁵ [The Welsh Health Technical Memorandum \(WHTM\) 01-05 \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

⁶ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

Improvement needed

The practice owner should make suitable arrangements to ensure the date of processing and the date by which cleaned and sterilised instruments must be used by are recorded on their packaging prior to their storage.

We saw evidence that an infection control audit had been completed using a recognised tool specifically aligned to WHTM 01-05. This meant the dental team had self-assessed their practice against the policy and guidance set out within it. The practice team had identified areas for improvement as a result of the audit and we were told progress was regularly monitored.

Clinical Facilities

We looked at each of the clinical facilities within the practice. We found these to be clean and tidy and furnished to facilitate easy and effective cleaning.

Equipment and instruments were clean and visibly in good condition. Hand washing facilities and disposable protective equipment were available to reduce the risk of cross infection.

Local rules for the safe use of X-Ray equipment were available but not clearly displayed in the surgeries. We advised that arrangements be made to display these in each surgery and the practice owner agreed to do this.

The compressor⁷ used at the practice was less than a year old. Therefore a safety check certificate was not available as the date for its first safety inspection check had not been reached at the time of our inspection visit.

Patient Records

We considered a sample of 10 patient dental records. This sample included records that had been completed by both dentists working at the practice at the time of our inspection.

We saw patients' medical histories had been signed by the patient and countersigned by the dentist. We also saw comprehensive written notes had been made to evidence the examinations performed, treatment planned and discussed and treatments provided. Where X-rays had been taken the justification for these had been recorded and clinical findings noted. From our

⁷ A compressor pressurises air for use in dental procedures.

findings we concluded treatment had been planned and delivered in a manner to ensure patient safety and wellbeing.

Management and Leadership

A manager was responsible for the day to day running of the practice. Staff told us they had access to training opportunities and that they felt communication within the practice team was good.

Written policies were in place with the intention of providing patients with safe care and treatment. We have recommended the practice owner make arrangements for staff to receive training in child and adult protection.

Staff

A manager was responsible for the day to day running of the practice and worked closely with the practice owner. It was evident from discussions with the practice owner that an emphasis was placed on developing staff. We were told this was achieved, in part, through allocating responsibility for specific areas of practise to different staff within the team.

The practice manager confirmed all clinical staff working at the practice were registered with the General Dental Council (GDC) and had indemnity cover in place. We saw records to support this. The dentists working at the practice provided NHS and private dental services and had up to date registration certificates issued by HIW. Whilst these were displayed in the reception area, arrangements should be made to display them in a more prominent position as required by the regulations for private dentistry.

The practice manager confirmed staff working at the practice had been vaccinated against Hepatitis B. This meant steps had been taken to protect staff and patients against blood borne viruses.

Staff told us that they felt communication within the practice was good. They confirmed that practice meetings took place and that relevant topics were discussed. Notes from a recent meeting confirmed this arrangement.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). This meant that patients were treated by staff who had appropriate skills and up-to-date training. We saw a sample of training certificates that indicated staff had attended training on a range of topics. We saw records to evidence that staff had received an appraisal of their work within the last year.

Safeguarding Vulnerable Adults and Children

The practice had written child protection and vulnerable adult protection policies. Contact details for local safeguarding teams were available. This meant that staff had information on who to contact for advice on safeguarding matters. The practice owner and manager were receptive to our suggestion to distinguish more clearly between the actual safeguarding policies and supplementary material reading for staff.

The majority of staff had attended child and vulnerable adult protection training. For those staff who had not attended training, the practice manager confirmed this was to be arranged.

Improvement needed

The practice owner should make suitable arrangements to ensure relevant practice staff receive child and vulnerable adult protection training.

Complaints

The practice provided both private and NHS care and treatment and had procedures in place for patients to raise concerns (complaints).

Overall, these met the arrangements covering both NHS and private dental treatment. Under the *Putting Things Right*⁸ arrangements, patients receiving NHS treatment may access help and advice from the local Community Health Council. These contact details should be included in the written procedure and information provided to patients. The contact details of Healthcare Inspectorate Wales also needed to be included in the written procedure for complaints about private dental treatment. The practice manager agreed to include this information.

⁸ *Putting Things Right* - the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales. www.puttingthingsright.wales.nhs.uk

When asked about making complaints, eight patients who returned questionnaires confirmed they knew how to make a complaint and seven told us they either didn't know or had not had cause to do so. Information for patients on how to raise a concern (complaint) was displayed at the practice. This directed patients to obtain details from reception and should be revised to provide more information on the procedure to follow so that patients do not have to ask for it.

Improvement needed

The practice owner must make arrangements to display the concerns (complaints) procedures so patients visiting the practice do not have to ask for this information.

The practice manager had maintained a log of complaints and we saw that details of a recent verbal (informal) complaint had been discussed at the last practice meeting. This meant the practice manager had taken action to share learning from the complaint with the aim of preventing the same issue happening again.

Staff told us they felt comfortable raising work related concerns they may have with senior staff. The practice had a written whistleblowing procedure in place.

Written Documents

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. These included written policies in respect of patient confidentiality, vulnerable adult and child protection, complaints, waste storage and disposal, infection control and dealing with a patient emergency (collapse).

Quality of Environment

We found the practice to be clearly signposted and visibly well maintained internally and externally. The practice provided comfortable areas for patients to wait to be seen by practice staff.

Russell Street Dental Clinic operates from premises located near Swansea city centre. We were told the premises had been used as a dental practice for approximately 60 years, with the current owner having taken over in 1989.

The practice did not have designated car parking available for patients to use. However there was free, time restricted parking (up to one hour) available along the street where the practice was situated and in side streets nearby.

The exterior of the building was visibly well maintained. The practice was clearly signposted and the names of the dentists, together with the opening times and emergency contact number were displayed near the main entrance. This meant that patients visiting the dental practice were provided with the names of the dentists who provided care. They were also directed to a number to call should they require emergency dental treatment when the practice was closed.

Access to the building was via steps leading up to the main entrance. This meant it was not suitable for people who use wheelchairs. A handrail was provided to assist people to use the steps. A dental surgery was located on the ground floor of the building to assist those patients who may find navigating internal stairs problematic.

Facilities within the practice were organised over three floors, with patient areas located on the ground and first floors and staff facilities on the second floor. Observations on the day of our inspection indicated the number and size of waiting rooms was appropriate for the number of patients attending. The ground floor waiting room had chairs of varying heights so people could choose the chairs they found easiest to use.

The practice owner explained that the building had been subject to a number of improvements over time as the needs of the business had developed. The interior of the building was decorated to a good standard. The practice had toilet facilities for staff and patients to use located on the first floor. During a tour of the building, we found areas were clean and tidy, adequately lit and ventilated. The toilets contained suitable hand washing and drying facilities to reduce cross infection.

Lockable storage was available to store records securely. Staff access to electronic records was password protected. This meant arrangements were in place to protect patients' personal information held at the practice.

Fire exits were clearly signposted and the instructions to follow in the event of a fire were displayed. Fire fighting equipment was available and maintenance labels indicated these had been serviced within the previous 12 months. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and suitable equipment was available for staff to use if necessary.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the delivery of Health and Care Standards and management and leadership. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Russell Street Dental Clinic will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Russell Street Dental Clinic

Date of Inspection: 29 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None identified			
	Delivery of Health and Care Standards			
9	The practice owner should make suitable arrangements to ensure an effective system is in place to regularly check emergency drugs and equipment at the practice in accordance with guidelines set out by the Resuscitation Council (UK). This with a view to identify and replace drugs nearing their expiry date and to check equipment remains suitable for use. (The Health and Care Standards, Standard	A robust system has been set up which includes verifiable checking of all drugs, flow charts, oxygen and defib pads on a weekly basis by a named person. There is also a summary sheet of all expiry dates fastened to the door of the cupboard that contains the emergency drugs. On this sheet the date of the next drug expiry is highlighted and the summary sheet is re-printed each time a drug expiry date is reached etc.	Simon Jenkins	done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	2.9; Resuscitation Council (UK) - Primary Care - Minimum Equipment and Drug Lists for Cardiopulmonary Resuscitation, Section 3)			
11	<p>The practice owner should make suitable arrangements to ensure the date of processing and the date by which cleaned and sterilised instruments must be used by are recorded on their packaging prior to their storage.</p> <p>(The Health and Care Standards, Standard 2.4; WHTM01-05, Paragraphs 2.4(k), 2.4 (l) and 4.26)</p>	<p>The system for dating sterilised instruments has changed 3 times in the past 3 months due to improving the system, typically a system has been trialled in one surgery and then adopted throughout the clinic etc. The latest system, adopted from copying the system used at a state of the art local clinic, was implemented (trialled in one surgery) only a week or two before the inspection and now it has been adopted throughout the clinic and run for a few months inconsistencies should have been ironed out.</p>	Simon Jenkins	done
Management and Leadership				
14	<p>The practice owner should make suitable arrangements to ensure relevant practice staff receive child and vulnerable adult protection training.</p> <p>(The Health and Care Standards, Standard 2.7: The General Dental Council Continuing Professional Development for Dental Professionals p15)</p>	<p>Child protection and Vulnerable adult courses are being run this Autumn at Morrision post graduate unit and staff who have not yet received this training will attend the courses.</p>	Simon Jenkins	2-4 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
15	<p>The practice owner must make arrangements to display the concerns (complaints) procedures so patients visiting the practice do not have to ask for this information.</p> <p>(The Health and Care Standards, Standard 6.3;The General Dental Council Standards for the Dental Team, Standard 5.1.5)</p> <p>(The Private Dentistry (Wales) Regulations 2008, Regulation15(2); The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, Regulation 5)</p>	<p>The complaints procedures will be on the new website when it goes live very soon and also I have arranged for the practice manager to re-arrange the main notice board such that there is space for complaints orientated material.</p>	Simon Jenkins	done
Quality of Environment				
	None identified			

Practice Representative:

Name (print):Simon Jenkins.....

Title:Dentist

Date:6 Aug 2015.....